



OUR SAVIOR EARLY LEARNING CENTER

PARENT AGREEMENT

(PLEASE INITIAL AND SIGN WHERE INDICATED)

CHILD'S NAME: _____

_____ TUITION PAYMENT IS DUE BY MONDAY OF EACH WEEK, OR THE FIRST DAY OF ATTENDANCE. IF TUITION IS NOT PAID FOR TWO (2) CONSECUTIVE WEEKS, YOUR CHILD WILL BE UNABLE TO RETURN TO OUR SAVIOR EARLY LEARNING CENTER UNTIL THE ACCOUNT IS PAID IN FULL.

_____ TUITION RATES ARE SUBJECT TO CHANGE AT ANY TIME. OUR SAVIOR EARLY LEARNING CENTER WILL PROVIDE A TWO WEEK NOTICE OF ANY CHANGES.

_____ OUR SAVIOR EARLY LEARNING CENTER REQUIRES A TWO (2) WEEK WRITTEN NOTICE IF YOU CHOOSE TO REMOVE YOUR CHILD FROM CARE, THE FULL TUITION IS DUE DURING THESE TWO WEEKS.

_____ CHILDREN WILL NOT BE PERMITTED TO ENTER OR LEAVE THE CENTER WITHOUT BEING ESCORTED BY AN AUTHORIZED PERSON.

_____ I ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY TO KEEP MY CHILD'S RECORD CURRENT, TO REFLECT SIGNIFICANT CHANGES AS THEY OCCUR, SUCH AS: TELEPHONE NUMBERS, EMERGENCY CONTACTS, PHYSICIAN, IMMUNIZATION RECORDS ETC.

_____ I HEREBY GRANT PERMISSION FOR MY CHILD TO USE ALL OSELC PLAY EQUIPMENT AND PARTICIPATE IN ALL OF THE ACTIVITIES OF THE SCHOOL.

_____ I HEREBY GRANT PERMISSION FOR MY CHILD TO BE INCLUDED IN NEIGHBORHOOD WALKS UNDER TEACHER SUPERVISION.

_____ I HEREBY GRANT PERMISSION FOR MY CHILD TO BE INCLUDED IN PHOTOS OR NEWS RELEASES CONNECTED WITH OSELC.

_____ I HEREBY GRANT PERMISSION FOR MY CHILD'S PHOTO TO BE USED ON THE OSELC WEBSITE (NAMES WILL NEVER BE PUBLISHED).

_____ I HEREBY GRANT PERMISSION FOR MY CHILD'S TELEPHONE NUMBER TO BE RELEASED FOR A CLASSROOM LIST. TELEPHONE NUMBERS WILL NEVER BE RELEASED TO THE PUBLIC.

PARENT SIGNATURE: _____ DATE: _____